

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/589574	FILING DATE					
							APPLICANT(S)						
0604/87							CLAIMS						
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1					52						
3		2					53						
4		2					54						
5		2					55						
6		2					56						
7		2					57						
8		2					58						
9		2					59						
10		2					60						
11		2					61						
12		2					62						
13		2					63						
14		2					64						
15		2					65						
16		2					66						
17		2					67						
18		2					68						
19		2					69						
20	1	1	1				70						
21		1	1				71						
22		2	1				72						
23	1	1	1				73						
24		1	1				74						
25		2	1				75						
26		2	1				76						
27		2	1				77						
28		2	1				78						
29		2	1				79						
30		2	1				80						
31		2	1				81						
32		2	1				82						
33		2	1				83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	↓	3	↓		↓	TOTAL IND.		↓		↓	↓	
TOTAL DEP.	33	←	30	←		←	TOTAL DEP.	←	←	←	←	←	
TOTAL CLAIMS	36		33				TOTAL CLAIMS						